



# APPLICATION FOR GRADUATE ASSISTANTSHIP

Revised 03/21

**Applicant Information:** This section must be filled out by applicant.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ J Number J00

International?    College \_\_\_\_\_ Department \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appointment Information:** This section must be filled out by department/unit.

Student's Supervisor \_\_\_\_\_ J Number J00

College or Unit of Appointment \_\_\_\_\_ Department \_\_\_\_\_

Action Requested:            New Appointment            Reappointment            Change in Funding Source

Degree Level	Type of Assistantship (see GA policy for definitions and requirements)		
Masters	Graduate Research Assistant II	Graduate Assistant I	
	Graduate Teaching Assistant**	Graduate Assistant II	
Doctoral	Graduate Research Assistant I (Insurance)*	Graduate Assistant I	Graduate Teaching Assistant**
	Graduate Research Assistant II	Graduate Assistant II	

\*insurance funding: \_\_\_\_\_

\*\*Requires Graduate Teaching Assistant Supplemental Appointment Form and a complete file. Refer to the Policy and Procedures for Graduate Assistantships for specific requirements.

### Period of Appointment and Stipend Amount

Appointments must start on a Sunday and end on a Saturday. Appointments may not cross academic years.

Academic Year (YY-YY) \_\_\_\_\_ Stipend \$ \_\_\_\_\_

Please see Graduate Assistant Pay Calendar (<http://www.southalabama.edu/colleges/graduateschool/information.html>) for appropriate dates

Period Options:    Fall    Spring    Summer    Twelve months    Other (MM/DD/YY – MM/DD/YY) \_\_\_\_\_

Stipend Funding		Tuition Funding	
Graduate School (110000-340100-4401)	Other* _____ (FUND-ORGN-PROG)	Graduate School (110000-340100-4401)	Other* _____ (FUND-ORGN-PROG)
	Other* _____ (FUND-ORGN-PROG)		Other* _____ (FUND-ORGN-PROG)

\*If using a cost share, please indicate who will be covering? If Graduate School is covering, please attach approval documentation.

### Approvals

Department Chair \_\_\_\_\_ Date \_\_\_\_\_ Director of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form should be submitted to the Graduate School office, AD 340 with a paper PA or when an EPAF is submitted. Paper PAs should be used for change in funding, termination, pay increase, and when the appointment dates fall outside of EPAF dates.

### Graduate School Use Only

International    Y / N                      Residency Code \_\_\_\_\_

Academic Status \_\_\_\_\_                      Approval \_\_\_\_\_

